



MISSOURI DEPARTMENT OF AGRICULTURE
ANIMAL HEALTH DIVISION
PO BOX 630, JEFFERSON CITY MO 65102-0630
(573) 751-3377

CANINE BRUCELLOSIS VOLUNTARY CERTIFICATION MANAGEMENT AGREEMENT

The Facility Owner Agrees To:

1. Arrange for collection and submission of blood samples from all dogs on the premise, six months of age and over, to a Missouri Department of Agriculture Animal Health Laboratory to be tested for antibodies to *Brucella canis*.
2. Arrange for collection and submission of blood culture samples from all serological positive dogs, to the same laboratory that performed the serological test.
3. Remove all *Brucella canis* culture positive dogs from the premise.
4. Comply with the test schedule appropriate for the status of the facility.

The Missouri Department of Agriculture, Division of Animal Health Agrees To:

1. Provide laboratory services for the *Brucella canis* testing described in this agreement, at a published fee.
2. Provide consultation to the veterinarian employed by the facility about the *Brucella canis* Certification Program.
3. Provide timely reporting of *Brucella canis* test results to the submitting veterinarian.

Please check desired level of program you wish to participate in:

- ☐ Certified Free
- ☐ Canine Brucellosis Monitored
- ☐ Canine Brucellosis Modified-Monitored

FAILURE TO COMPLY WITH THE PROGRAM STANDARDS WILL RESULT IN REVERSION TO UNKNOWN STATUS.

I have carefully read the foregoing and hereby agree to comply with all stipulations as set forth and to cooperate in providing the necessary assistance and facilities to properly retain all animals for the test.

DATE SIGNED	SIGNATURE OF TESTING VETERINARIAN		
DATE SIGNED	SIGNATURE OF OWNER		
FACILITY NAME (IF ANY)		ADDRESS	
TOWN/CITY	ZIP CODE	STATE	TELEPHONE NUMBER